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ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1954



T. P. EVANS, M.R.C.S. L.R.C.P., D.P.H.

Medical Officer of Health.



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T. P. EVANS, M.R.C.S. L.R.C.P., D.P.H.

Medical Officer of Health.

Public Health Department,
Council Offices,
AMERSHAM, Bucks.

May, 1955.

*To the Chairman and Members of the
Amersham Rural District Council.*

DEAR MR. CHAIRMAN AND MEMBERS.

I have the honour to present my Annual Report on the Health and Sanitary circumstances of the Council's district for the year 1954.

During the year the health of the community was good. The usual standards for judging the well-being of a community are the prevalence and death rates from certain conditions, such as the infantile mortality rate, the maternal mortality rate, the rate of notification of new cases of tuberculosis and the tuberculosis death rate. All these were low in 1954. So also were the number of notifications of all the commoner acute infectious diseases. There was no epidemic of any kind. Nor was there a case of diphtheria notified during the year, thus making 1954 the 8th successive year during which no case of diphtheria was notified within the Council's district. These satisfactory indices of public health, in so far as they indicate a decline in the conditions associated with overcrowding, are in that measure due to the Council's steady pursuit of its five-year new housing construction policy. Nor should the Council's policy in regard to the provision of community amenities in several of its parishes be overlooked.

There is evidence to support the view that the year 1954 marked the end of the aftermath phase of the recent war. The changing patterns of future trends also became evident. For instance, when meat was decontrolled on the 2nd July, 1954, the provision of adequate local slaughtering facilities became a matter for the local Council. This, however, is temporary and dependent upon the future implementation of the national policy of moderate concentration of slaughtering facilities. Another instance is that the Housing Repairs and Rents Act 1954 attempts a solution of an aspect of the Housing problem that is different from that successfully accomplished by new housing construction. It authorizes and encourages, by monetary grants, the modernization of the older houses so many of which are over 65 years

old. As most Housing Authorities already have, or soon will have, reached the peak period of new housing construction, it is to be expected that greater use of improvement grants for conversions and modernization will be made in the future. And finally under the Housing Repairs and Rents Act 1954 slum clearance which has been in abeyance since the late thirties, has been revived. The Council is under an obligation to submit in outline within twelve months of the 30th August, 1954, its programme of slum clearance for the next five year period. When prominence is given to slum clearance as at present, it may be safely assumed that the overcrowding index is so low as to indicate that the need for new-house building has been satisfied sufficiently. In conclusion, if proof of changing patterns were still required reference should be made to the field trials on an unprecedented scale held in the U.S.A. with the SALK vaccine against poliomyelitis in the Spring of 1954.

The Registrar General's County Report No. 16 is the 1951 Census Report relating to Buckinghamshire. It contains not only interesting information about the County as a whole, but also useful statistical information about Local Government areas within the County. One impressive fact about the County is that its increase in population of 42 per cent. in the last two decades (1931-51) is exceeded by two other Counties only in England and Wales. Such local matters as the increase of local population, its distribution and concentration in the fringe areas of Greater London, as well as the numbers of families and the household arrangements in the 10 parishes of over 1,000 population within the Amersham Rural District, are all matters of interest to this Council.

In conclusion I would like to express my appreciation of the willing co-operation that the clerical and inspectorial staffs of the Public Health Department of the Council have given me in all aspects of the Department's work during the year.

I am,

Your obedient servant,

T. P. EVANS

Medical Officer of Health.

ARRANGEMENT OF THE REPORT

Section I. General and Vital Statistics.

Statistics and Vital Statistics.
Social Conditions. Area. Population. Rateable Value.
Births and Deaths. Mortality Rates, 1954.

Section II. Health Services.

Hospital Services. Laboratory Services.
Ambulance Facilities (Infectious Diseases).
Home Nursing Services. Child Welfare Centres.
Hospitals. Blood Transfusion Service.

Section III. Infectious Diseases.

Prevalence and Control of Infectious Diseases.
Analysis of Notifiable Diseases (Age Groups).
Poliomyelitis. Diphtheria and Whooping Cough.
Immunization.

Section IV. Tuberculosis.

New Cases and Mortality 1954.
Public Health (Prevention of Tuberculosis) Regulations 1925.

Section V. Milk.

Milk and Dairies Regulations 1949. Article 20.
Food and Drugs Act, 1950. (Milk, Dairies and Artificial Cream.)
Section 23.
Specification of Areas. Tuberculosis Order 1938.

Section VI. National Assistance Acts 1949-51.

Section 47. "Care of Aged and Infirm Persons."
„ 50. Burials.

Section VII. Slaughter Houses.

Section VIII. Housing.

Council Houses 1953-54.
Housing Repairs and Rents Act, 1954.
Improvement Grants.

Section IX. Sanitary Services.

Water Supplies. General Sanitation. Food.
Milk and Ice Cream Sampling. Meat Inspection at Slaughter-houses.
Rodent Information, etc. Housing, Defects, Moveable Dwellings.

Section X. Factories Act.

Section XI. Miscellaneous Appendices I and II.

PUBLIC HEALTH OFFICERS

Medical Officer of Health:

T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.

Chief Sanitary Inspector:

Mr. F. G. CAUDERY, M.S.I.A., M.R.San.I.

(Certified Meat and Food Inspector).

Deputy Chief Sanitary Inspector:

Mr. W. E. JONES

(Certified Meat and Food Inspector).

Additional Sanitary Inspectors:

MR. P. G. TREMAIN, M.S.I.A. (Resigned 26-9-1954.)

(Certified Meat and Food Inspector).

Mr. R. POWELL, M.S.I.A.

(Certified Meat and Food Inspector).

MR. J. C. CABOURNE, M.S.I.A.

(Certified Meat and Food Inspector.)

(Commenced Duties 26-6-1954;

Resigned 5-12-1954.)

MR. H. H. COMETSON, M.S.I.A.

(Certified Meat and Food Inspector.)

(Commenced Duties 1-11-1954.)

Clerical Staff:

Mr. T. BALL (Chief Clerk).

MRS. M. MURPHY. (Resigned 8-5-1954.)

MR. L. I. KEEN. (Resigned 29-4-1954.)

MISS K. M. SMITH. (Commenced 24-5-1954.)

MR. P. R. WOOLLEY. (Commenced 3-8-1954.)

Rodent Officer:

Mr. H. A. SNAPES.

Rodent Operatives:

Mr. T. GLASGOW.

MR. A. HARMAN. (Resigned 3-12-1954.)

SECTION I.

GENERAL AND VITAL STATISTICS

1. Statistics and Vital Statistics.

Population	...	...	...	...	...	43,910
Area (Acres) of District	...	...	...	...	...	46,233
Number of Habitable Houses (per Rate Book)	...	...	...	...	...	13,535
Rateable Value of Area	...	...	...	...	...	£357,218
Sum Represented by 1d. Rate	...	...	...	...	...	£1,377 19s. 5d.

Amersham Rural District comprises an area of about 72 square miles. It lies in the South-Eastern portion of the County of Bucks., is situate about 25 miles from London and ranges over two spurs of the Chiltern Hills.

Its characteristic physical features are its well wooded slopes and hills. Its social conditions may be described as those due to agricultural, residential and industrial factors. Until 1939, the increase in population was mainly due to its being a London dormitory, but since then there has been a steady flow of selected light industry into the neighbourhood which has absorbed a high proportion of locally available labour. Its proximity to London has also tended to give rise to the development of several well marked urban-type communities within the rural boundaries.

Despite the recent establishment of selected light industries in the district several agencies, including the Council itself, have co-operated to preserve large tracts of woodlands for their amenity value. The provisions of the Green Belt Act and similar powers have enabled large areas of the district to be preserved within the Greater London Planning Region.

On the whole therefore it may be said that whilst there is a limit to the possible development, there is increasingly a tendency toward the better balance of the agricultural, industrial and residential factors in the area.

2. Births.

Birth Rate per 1,000 population	...	...	...	14.4
(a) <i>Live Births:</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	...	351	283	634
Illegitimate	...	17	5	22
(b) <i>Still Births:</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	...	2	3	5
Illegitimate	...	—	—	—
Still Birth Rate per 1,000 total births	...	...	...	7.8

			<i>Males</i>	<i>Females</i>	<i>Total</i>
(c) Deaths from Puerperal causes			—	—	—
(d) Deaths of Infants under one year of age				...	11
Legitimate	...	...	8	3	11
Illegitimate	...	...	—	—	—
(e) Deaths of Infants under 4 weeks of age	...	...		...	8
			<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	...	...	6	2	8
Illegitimate	...	...	—	—	—
<i>Infant Mortality: All Infants per 1,000 live births</i>					17.4

3. Deaths

Death rate per 1,000 population				...	...	...	9.8
<i>Causes of Death</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>	
1. Heart Diseases	...	...	...	26	33	59	
2. Other Diseases of Circulatory System				7	4	11	
3. Bronchitis	...	...	...	13	12	25	
4. Pneumonia	...	...	...	9	12	21	
5. Other Respiratory Diseases	...	...	...	3	1	4	
6. Cancer	...	...	...	35	49	84	
7. Diabetes	...	...	...	—	4	4	
8. Leukaemia, Aleukaemia	...	...	...	1	—	1	
9. Nephritis and Nephrosis	...	...	...	2	2	4	
10. Congenital Malformations	...	...	...	3	1	4	
11. Vascular lesions of nervous system	...	...	...	32	47	79	
12. Coronary disease, angina	...	...	...	34	25	59	
13. Influenza	...	...	...	1	—	1	
14. Acute Poliomyelitis	...	...	...	—	1	1	
15. Ulcer of Stomach or Duodenum	...	...	...	1	—	1	
16. Hyperplasia of prostate	...	...	...	5	—	5	
17. Suicide	...	...	...	2	2	4	
18. Gastritis, enteritis and diarrhoea	...	...	...	1	2	3	
19. Other infective and parasitic diseases				3	—	3	
20. Other defined and ill-defined diseases				17	23	40	
21. Motor vehicle accidents	...	...	...	8	1	9	
22. All other accidents	...	...	...	1	8	9	
				204	227	431	

COUNTY OF BUCKINGHAM (Rural Districts only)

Populations, Birth and Mortality Rates for the Year 1954

District	Population Census 1951	Registrar- General estimated Population Mid-1954	Crude Birth Rate per 1,000 Population	Crude Death Rate per 1,000 Population	Tuber- culosis Death Rate per 1,000 Births	Infant Mortality Rate per 1,000 Births	Neo-Natal Mortality Rate per 1,000 Births	Maternal Mortality per 1,000 live and still-births
Amersham	41,432	43,910	14.4 (634)	9.8 (431)	— (—)	17.4 (11)	12.6 (8)	— (—)
Aylesbury	29,543	31,570	15.4 (487)	11.0 (347)	0.10 (3)	30.8 (15)	18.5 (9)	2.04 (1)
Buckingham	9,422	10,180	15.6 (159)	8.9 (91)	0.10 (1)	56.6 (9)	44.0 (7)	— (—)
Eton	43,120	45,240	16.2 (732)	9.0 (405)	0.04 (2)	27.3 (20)	19.1 (14)	— (—)
Newport Pagnell	13,817	14,120	16.6 (234)	13.8 (195)	0.07 (1)	17.1 (4)	42.7 (1)	— (—)
Wing	9,042	8,830	18.1 (160)	8.0 (71)	— (—)	6.2 (1)	6.2 (1)	— (—)
Winslow	7,268	7,640	16.8 (129)	13.9 (106)	0.13 (1)	31.0 (4)	23.3 (3)	— (—)
Wycombe	39,352	42,110	16.6 (701)	9.0 (379)	0.09 (4)	27.1 (19)	21.4 (15)	1.41 (1)
TOTAL RURAL	192,996	203,600	15.9 (3,236)	9.9 (2,025)	0.06 (12)	25.6 (83)	17.9 (58)	0.61 (2)

- NOTES: 1. In view of the small numbers on which some of the rates quoted are based, the actual numbers are given in parenthesis for the purpose of clearer comparison.
2. The maternal death in Aylesbury Rural District relates to a death where the interval between the maternal condition and date of death was stated to exceed 12 months.

SECTION II.

HEALTH SERVICES

Hospital Services

The Amersham Rural District is situate within the area of the Oxford Regional Hospital Board. The Board has delegated management responsibilities of hospitals in this area to High Wycombe and District Management Committee which in turn has delegated day to day administration to two "House Committees." One House Committee is responsible for the Amersham General Hospital, the Chesham Hospital and The Stone Maternity Hospital. The other is responsible for the Chalfont and Gerrards Cross Hospital.

Laboratory Facilities

The Public Health Laboratory Service is concerned with Bacteriology and Epidemiology in relation to the diagnosis, prevention and control of Infectious Disease.

The Regional Public Health Laboratories are situated at Oxford and Luton, and in general, undertake free of charge the bacteriological examination of such specimens as sputum, nose and throat swabs, faeces, urine, blood, etc.

The chemical examination of water and sewage effluent is undertaken by the Public Analyst, Southwark Borough Council.

The following specimens have been examined at the laboratories of the Public Health Services:

	<i>Number</i>
Sputum Swab	1
Throat Swabs for Diphtheria Bacilli, Haemolytic Streptococci and Vincent's Agina	12
Swab from Ulcer	1
Faeces	14
Ice Cream	63
Lollies	5
Milk Samples	110
Miscellaneous Samples for Analysis	1
Water Samples:	
Drinking	102

Ambulance Facilities

Infectious Disease Ambulances

Aylesbury Infectious Disease Hospital—One Ambulance.

Ambulance Service.

Provided by the County Council for the conveyance of persons who, for medical reasons, are unable to travel by public transport.

The County Transport and Ambulance Service Headquarters are situated at 5, Buckingham Road, Aylesbury. Tel. Aylesbury 375 (7 lines).

In addition to Headquarters, the nearest main station is situated at Old Fire Station, High Street, Chesham, Tel. Chesham 128, to which application for transport should be made direct.

Midwifery and Home Nursing Service

NATURE OF THE ARRANGEMENTS IN THE AREA

<i>Districts Served</i>	<i>Name, Address and Qualifications of Nurse.</i>	<i>Telephone</i>
Amersham Amersham Common Chesham Bois Coleshill Winchmore Hill Little Chalfont	Miss B. Bywater, S.R.N., S.C.M., Q.N. and Miss M. R. Taylor, S.R.N., S.C.M., Q.N., 7 First Avenue, Amersham.	Amersham 374
Chalfont St. Giles Seer Green Jordans Chorley Wood (Bucks Area)	Miss M. C. Bott, S.R.N., S.C.M., Q.N., Bay Cottage, White Hart La., Chalfont St. Giles. *Miss H. E. Carey, S.R.N., S.C.M., Q.N., Beech Cottage, Gorelands La., Chalfont St. Giles.	Chal. St. G. 413 Chal. St. G. 87
Chalfont St. Peter Gold Hill	Miss M. F. Vincent, S.R.N., S.C.M., Q.N. and Miss M. I. Cummins, S.R.N., S.C.M., Q.N., Nos. 1 and 3 Penn- ington Road, The Glebe, Chalfont St. Peter.	Gerr. X 3148
Lee Common The Lee Chartridge Ballinger Swan Bottom	Mrs. B. L. Fowler, S.R.N., S.C.M., Q.N., "Ashleigh," Chartridge Grange Drive, Chartridge.	Chesham 991
Ashley Green Whelpley Hill Ley Hill Lye Green Latimer & Chenies	*Miss M. Bly, S.R.N., S.C.M. Shenley Cottage, Ley Hill, Chesham.	Chesham 238
Holmer Green Penn Street Penn Forty Green Knotty Green Tylers Green	Miss I. M. Cobb, S.R.N., S.C.M., Q.N., 8 Rose Avenue, Hazlemere, High Wycombe.	Penn 3327
Little Hampden Little Kingshill Hyde Heath Little Missenden Great Missenden	*Miss J. D. MacDonald, S.R.N., S.C.M., Q.N., Nurse's Cottage, Rignall Road, Gt. Missenden.	Gt. Miss. 2071

*Districts Served**Name, Address and
Qualifications of Nurse.**Telephone*

Hawridge Bellingdon Asheridge Buckland Common St. Leonards Cholesbury The Vale, Chesham	}	*Miss D. Heaton, S.R.N., S.C.M., Q.N., Nurse's Bungalow, Sandpit Hill, Buckland Common, Nr. Tring, Herts.	Cholesbury 269
Prestwood Gt. Kingshill Spurlands End Heath End		*Miss H. M. E. Coulson, S.R.N., S.C.M., Q.N., Chestnut Cottage, Prestwood, Great Missenden.	

*These Nurses hold the Health Visitors Certificates of the Royal Sanitary Institute.

The above District Nurses do not attend infectious cases. Those cases that cannot be properly nursed by relatives, or properly isolated, are sent into the Aylesbury Isolation Hospital.

Child Welfare Centres

<i>Centre</i>	<i>Location</i>	<i>Sessions</i>	<i>Medical Officer attends</i>
AMERSHAM Old Town New Town	British Legion Hall, Whielden Street. Red Cross Hut, Chiltern Ave., Amersham-on-the-Hill.	2nd & 4th Tuesday 1st & 3rd Tuesday	2nd Tuesday Each Session
Chalfont St. Giles Chalfont St. Peter	Memorial Hall. Tithe Barn, Swan Farm.	2nd & 4th Thursday Each Fri.	2nd Thurs. 1st & 3rd Friday
CHARTRIDGE and THE LEE	Reading Room, Chartridge. Youth Club Hall, Lee Common.	1st Wed. 3rd Weds.	No Medical Officer Each Session
CHENIES	Florence Brown Memorial Hall, Hillside Road, Chorley Wood.	2nd & 4th Tuesday	4th Tuesday
CHESHAM	School Clinic, Germain Street.	1st & 3rd Friday 2nd & 4th Fri. 2 p.m.	Each Session Each Session
CHOLESBURY- cum ST. LEONARDS GREAT KINGSHILL GREAT MISSENDEN HAZLEMERE	Village Hall, Cholesbury Village Hall. Memorial Hall, Station Approach. Penn Road Methodist School- room.	2nd & 4th Thursday 3rd Weds.	4th Thurs. Each Session
HOLMER GREEN LITTLE CHALFONT PRESTWOOD SEER GREEN and JORDANS TYLERS GREEN and PENN	Wesleyan Chapel, Schoolroom. Little Chalfont Hall. Village Hall. Baptist Schoolroom. Parish Room, Tylers Green.	2nd & 4th Monday 1st & 3rd Tuesday 1st & 3rd Wednesday 1st & 3rd Monday 2nd Weds. 1st & 3rd Thursday Last Wednesday	Each Session 1st Tuesday 1st Weds. 1st Monday Each Session 3rd Thurs. Each Session

HOSPITALS AVAILABLE FOR THE DISTRICT ARE AS FOLLOWS:

Hospitals For Non-infectious Diseases

(a) *Within the District:*

Chalfont St. Peter Cottage Hospital.

Beds 36, Men 10, Women 14, Children 5, Private 7.

Massage and Electrical treatment are carried out and there is a fully equipped X-ray apparatus.

There is also a General Hospital at St. Mary's, Whielden Street, Amersham.

(b) *Outside the District:*

(i) Chesham Cottage Hospital.

Beds 21, Men 8, Women 7, Children 5 and 1 private ward.

There are facilities for X-ray examinations.

Massage and Electrical treatment

(ii) Royal Bucks County Hospital at Aylesbury.

(iii) The War Memorial Hospital at High Wycombe.

As the District is only about 25 miles from London, patients are frequently sent to one or other of the London Hospitals.

For Infectious Diseases. (Other than Small Pox or Tuberculosis).
Aylesbury Isolation Hospital.

General Practitioners are asked to request admission to the Isolation Unit, including the adult Poliomyelitis Unit, through the HOUSE PHYSICIAN to the Consultant on emergency duty at STROKE MANDEVILLE HOSPITAL (Telephone: Aylesbury 900). The PAEDIATRIC HOUSE PHYSICIAN should be approached for the admission of children.

Prospect Park Hospital, Reading.

General Practitioners should telephone preferably the HOUSE PHYSICIAN in charge or the Matron at the Hospital. (Telephone: Reading 3654.) (If there is no bed the Hospital will refer the case to the Reading Hospital Bed Bureau.)

Blood Transfusion Service

There is no doubt that this service is one of the most vital to the well being of any modern community, but it is also one of the most unobtrusive and least heralded of the voluntary services in the country. I have to thank the Regional Transfusion Centre, Oxford; also Miss Boston, Commandant B.R.C.S., Great Missenden and District Branch No. 30, and Mrs. W. Stevens, Divisional Director, B.R.C.S., Amersham Division, for the following information relating to the service locally.

Blood-donor sessions are held at six-monthly intervals, usually in January and July, with only a week or two between the times of the visits to Amersham and Chesham.

<i>Place</i>	<i>Address</i>	<i>Organiser</i>	<i>No. of Donors</i>
Amersham	Red Cross H.Q. Chiltern Avenue.	Mrs. Stevens, "Lych-Cot," Woodside Close, Amersham. Tel. Amersham 981.	113
Chesham	School Clinic, Germain Street.		101
Great Missenden	Memorial Hall, Great Missenden.	Miss Boston, "Lansdown," Great Missenden. G.M. 2235	58

There is an urgent need for more donors in all three areas. Volunteers for this important service are recommended to communicate direct with the organiser for their area as shown above.

SECTION III

NOTIFIABLE DISEASES

Prevalence of Notifiable Diseases

Cases notified during 1954; numbers admitted to hospitals and deaths; notifications 1947-54

	Cases Notified 1954	Cases Admitted to Hospital 1954	Deaths 1954	1953	1952	1951	1950	1949	1948	1947
Measles ...	23	—	—	878	169	865	198	416	200	465
Whooping Cough ...	147	2	—	79	45	98	64	38	158	97
Scarlet Fever ...	35	—	—	59	31	26	93	38	34	46
Pneumonia ...	2	—	—	13	8	19	6	8	6	7
Poliomyelitis—										
(a) Paralytic ...	1	1	—	3	11	4	9	4	6	3
(b) Non-Paralytic ...	—	—	—	—	3	—	—	—	—	—
Acute Encephalitis	—	—	—	1	—	—	1	—	1	—
(a) Infective ...	—	—	—	—	—	—	—	—	—	—
(b) Post Infectious ...	16	15	—	15	14	10	—	1	2	6
Puerperal Pyrexia ...	—	—	—	—	—	2	—	—	1	—
Ophthalmia Neonatorum ...	3	—	—	4	3	1	4	4	2	4
Erysipelas ...	8	7	—	2	3	2	1	18	—	1
Dysentery ...	—	—	—	2	3	2	7	—	—	—
Food Poisoning ...	1	—	—	2	3	1	3	—	—	—
Meningococcal Infection ...	1	1	—	1	—	—	2	—	2	1
Paratyphoid B ...	—	—	—	—	—	—	1	—	—	—
Typhoid ...	—	—	—	—	—	—	—	—	1	—
Cerebro Spinal Fever ...	—	—	—	—	—	—	—	—	1	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Undulant Fever (not notifiable)	—	—	—	—	—	—	1	—	—	1
Tuberculosis										
Pulmonary ...	7	—	—	24	29	34	25	44	24	21
Non-Pulmonary ...	6	—	—	8	3	5	7	6	10	7

Analysis of Notifiable Diseases in Age Groups

DISEASES	Cases Notified								
	Total Cases at all ages	Years							65 and over
		Under 7	1-2	3-4	5-9	10-14	15-24	25 and over	
Scarlet Fever	35	—	—	5	23	3	3	1	—
Measles	23	2	6	3	9	1	1	1	—
Whooping Cough	147	14	10	39	76	5	1	2	—
Erysipelas	3	—	—	—	—	—	—	1	2
Pneumonia	2	—	—	—	—	—	—	2	—
Acute Anterior Poliomyelitis	1	—	—	—	1	—	—	—	—
Meningococcal Infection	1	—	—	—	—	—	—	1	—
Paratyphoid B.	1	—	—	1	—	—	—	—	—
Dysentery	8	—	—	7	1	—	—	—	—
Puerperal Pyrexia	16	—	—	—	—	—	9	7	—
TOTALS ...	237	16	16	55	110	9	14	15	2

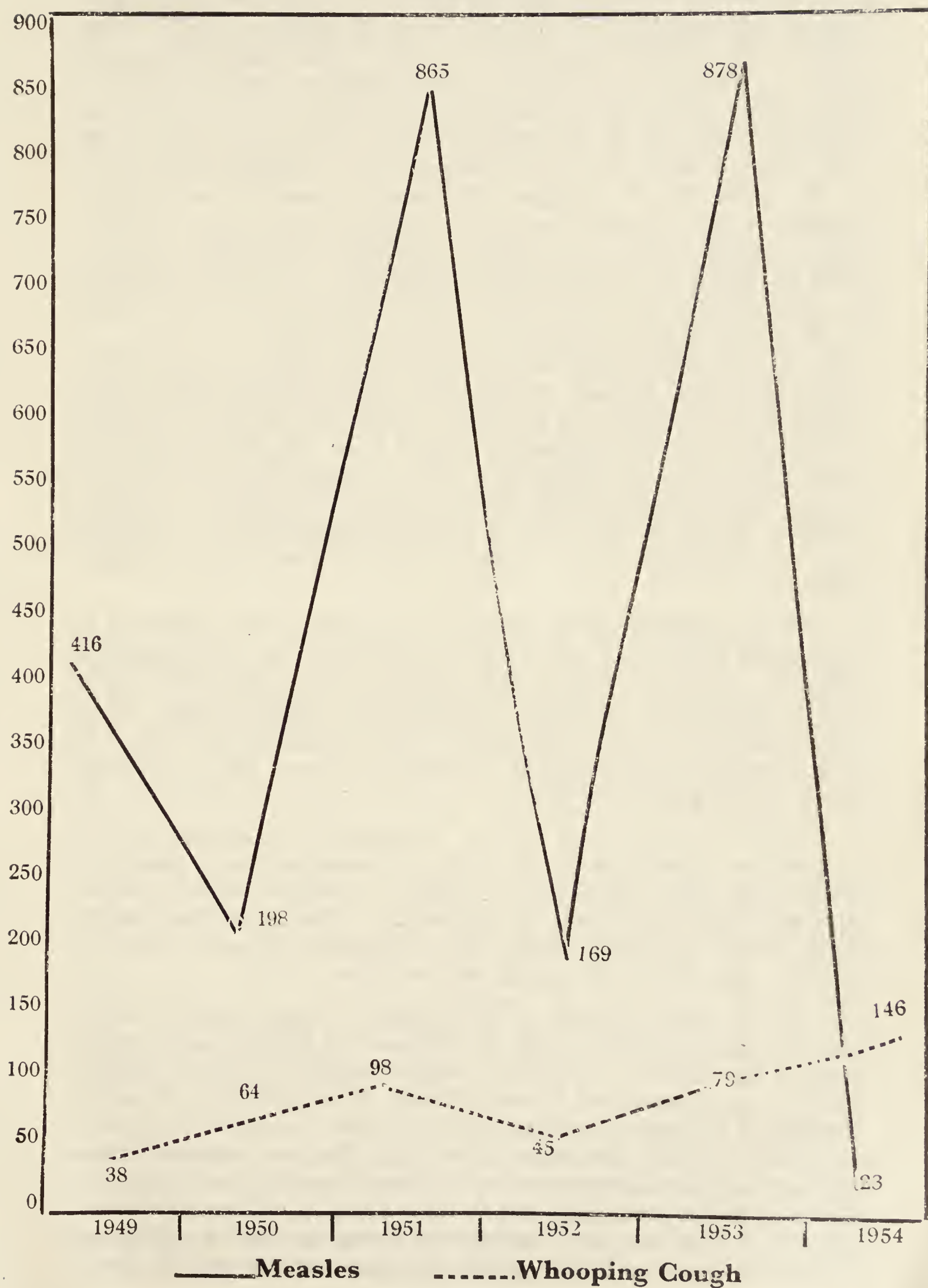
Monthly Incidence of Notifiable Diseases

<i>Disease</i>	<i>Jan.</i>	<i>Feb.</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>
Scarlet Fever ...	7	13	7	3	—	1	—	—	2	1	—	1
Measles ...	—	4	2	3	1	2	2	1	4	—	2	2
Whooping Cough ...	8	7	11	14	5	22	44	12	9	3	5	7
Erysipelas ...	—	—	1	1	1	—	—	—	—	—	—	—
Pneumonia ...	—	2	—	—	—	—	—	—	—	—	—	—
Anterior Poliomyelitis ...	—	—	—	1	—	—	—	—	—	—	—	—
Meningococcal Inf. ...	—	—	—	—	—	—	—	—	—	—	1	—
Paratyphoid B. ...	—	—	—	—	—	1	—	—	—	—	—	—
Dysentery ...	1	—	6	—	—	1	—	—	—	—	—	—
Puerperal Pyrexia ...	2	—	—	2	—	3	—	2	4	—	2	1

Cases of Notifiable Diseases occurring in each Parish in the Area.

Disease	Amersham	Ashley Green	Chalfont St. Giles	Chalfont St. Peter	Chartridge	Chenies	Chesham Bois	Cholesbury	Coleshill	Latimer	The Lee	Great Missenden	Little Missenden	Penn	Seer Green
Scarlet Fever ...	4	—	1	2	1	—	—	1	1	—	—	17	5	—	3
Measles ...	14	3	—	2	—	2	—	—	—	—	—	1	—	1	—
Whooping Cough ...	83	3	3	6	2	4	11	17	3	3	—	2	2	—	2
Erysipelas ...	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Pneumonia ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Acute Anterior Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Meningococcal Infection ...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid B. ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Dysentery ...	1	—	—	—	1	—	—	—	—	—	—	—	—	6	1
Puerperal Pyrexia ...	10	1	3	1	—	—	—	—	—	—	—	—	1	—	—

NOTIFICATIONS
MEASLES and WHOOPING COUGH
1949-1954



POLIOMYELITIS

Having in my Annual Reports for 1952 and 1953 anticipated and reported that "a live attenuated and harmless vaccine for immunization (against poliomyelitis) will be available in the next few years", recent events in the U.S.A. compel me to return to the subject again this year. In the U.S.A. a vaccine for this purpose, discovered by Dr. Jonas Salk of Pittsburgh University, was given a field trial on an unprecedented scale in the Spring of 1954. The results of such trials were assessed under the expert guidance of Dr. Thomas Francis, Jr., of the University of Michigan, and were released by the National Foundation for Infantile Paralysis to coincide with the tenth anniversary, in April 1955, of the death of President Roosevelt, and have been acclaimed as an outstanding achievement. Indeed, seldom has an item of scientific news aroused such intense and universal interest as the announcement of these successful field trials.

In the trials 440,000 school children in forty-four States were vaccinated; about half as many were injected with uninfected fluid, and a further 1,830,000 served as additional controls. Dr. Francis is reported to have said that the vaccine had proved to be 80—90% effective in preventing paralytic poliomyelitis. This is unquestionably a tremendous achievement and will, no doubt, become a landmark in preventive medicine. But at the same time it would be unfortunate if, in the first burst of enthusiasm, it was thought to be the final answer to poliomyelitis.

Several batches of vaccine had to be used in the study and in some areas several lots were used in combination. But the potency of different batches of vaccine, when injected, to stimulate the production of resistance in the body to poliomyelitis, differed widely. Lots were graded as "good", "moderate", "low moderate" or "poor" in such potency by a combination of laboratory control and a knowledge of the infecting strain of virus.

Special attention was paid to reactions to vaccination, and no localization of paralysis to the limb of inoculation (as is sometimes found with other injections) was found in children who developed paralysis within one month of vaccination. The preliminary report seems to have established clearly that the vaccine prepared by Dr. Salk was safe and protected against poliomyelitis.

At this stage interest in this Country became intense and so urgent that on the 25th April the Minister of Health made a statement in the House of Commons congratulating Dr. Salk on what is clearly a momentous and historic advance in the protection of human well-being. He also announced that we in this country will go ahead with the increased production of vaccine; that two important firms were already arranging to do this as fast as possible, and that it is the Government's intention to ask these firms to sell to the Government their whole output. Adding that it was perhaps as well to put the facts in plain words, he said that the new vaccine involves inocu-

lating our children at repeated intervals with a preparation derived from the kidneys of dead monkeys; that we must make sure that it is effective against the particular strain of virus most commonly found in this country; that it is not sure yet that it is fully effective in the case of children about four or under where our incidence of the disease is highest; and that it may be less than normally effective against TYPE I of the virus—the commonest type in this country. These reservations keep the picture in true perspective. But they do not detract from the intense humanitarian value of this great discovery or affect the determination that the people of this country shall benefit from it to the fullest possible extent.

Later, on the 2nd May the Minister was asked to make a further statement about poliomyelitis vaccine in view of the decision taken in the U.S.A. to suspend all injections of SALK vaccine made by the Cutter Laboratories (U.S.A.) and also what information the Minister had received in respect of deleterious effects arising from the use of the recently discovered vaccine. The reply was to the effect that all vaccine proposed to be used in a small field trial in this country will first have to be the subject of rigorous tests by the Medical Research Council: that plans for large-scale immunization are dependent on the Minister of Health being satisfied as far as is humanly possible as a result of those tests and trials, and that the vaccine to be used is both efficient and free from danger.

It was announced in Washington on Friday the 6th May, 1955, that supplies of the newly manufactured Salk anti-polio vaccine had been “held up”; that safety measures are being considered under which every batch and not just sample lots will be tested. The U.S. Public Health Service, it is reported, has confirmed that 44 children have developed poliomyelitis but that 4,000,000 to 6,000,000 people have had “shots”. The National Foundation for Infantile Paralysis has announced that most of the first and second-grade school children (age 6-7) in the Country (U.S.A.) will have been vaccinated before the summer vacation this year.

The unusual insertion of dates in a report of this nature indicates the urgency and intensity of world-wide interest in this matter. In conclusion it may be said that from the preliminary reports of the 1954 U.S.A. trials, it appears that the vaccine used was safe, and there is no cause to alter that opinion, but it is by no means clear that the same safety tests apply to-day. Unquestionably the most important requirement in a vaccine is its safety and the tests to ensure this must be strict indeed.

Finally it may be said that findings in Canada and Finland support the results of the U.S.A. that the vaccine is 80-90% effective in preventing paralytic poliomyelitis in immunized children. Is it too much to hope that immunization of the entire susceptible population may help to eliminate paralytic poliomyelitis in the same manner that smallpox has been controlled, by mass vaccination?

DIPHTHERIA AND WHOOPING COUGH

Age:	Under							Total
	1 year	1	2	3	4	5-9	10-14	
Primary Immunization	285	193	28	13	6	12	6	543
Re-immunization	—	—	—	1	55	267	21	344

The year 1954 was the 8th successive year during which no case of Diphtheria was notified within the Council's district. The number of cases in the country as a whole fell to the new low record number of 182. Thus it may be inferred that Diphtheria is a dying disease. Indeed there may be some justification for the view that we are devoting too much time to a disease which kills no more persons than do thunderbolts. The answer to this criticism is however obvious; if we cease immunizing children against diphtheria, the disease will return in its former severity, and the number of cases as well as the death rate will mount rapidly. This danger is by no means theoretical. The average young mother has now never seen a case of diphtheria, nor does she know of any friend in the neighbourhood whose child has suffered from such an attack. It is natural therefore that she should be increasingly apathetic in the matter of obtaining protection for her child.

Fortunately, or unfortunately, whooping cough is sufficiently prevalent to make parents anxious to avoid it as far as it is humanly possible, and the dramatic success of Diphtheria immunization has led to an urgent demand for preventive immunization against other infectious diseases, including whooping cough. And here it is only fair to say that to-day whooping-cough is one of the major infectious diseases as well as being one of the most distressing hazards of infant life. Hence it is not surprising that authorised research field-trials are taking place to determine the efficacy of several immunizing agents against Whooping-Cough. It is therefore common practice nowadays to protect a child against Diphtheria and Whooping-Cough at the same time by three single injections of balanced doses of combined preventives.

Each disease presents its own problem. In regard to Diphtheria it is public apathy now there are so few cases. If the number of cases is to be kept down, at least 75 per cent. of children under one year of age must be immunized, yet during 1954 the proportion in Amersham R.D.C. was 48.9% only, whilst the National proportion was 35.75%. With regard to Whooping-Cough, the problem is how to encourage immunization early enough in infancy; for the most critical period is the first six months of life, and the disease is more deadly in the first six months than in the second. The present recommendations are that vaccination against small-pox as well as pre-

ventive inoculations against both Diphtheria and Whooping-Cough should be completed within the first six months of life.

Immunization is now practised against at least fourteen infectious diseases, and there is hope of protection against more of the virus diseases. Small-pox vaccination of infants is well established; immunization against Tuberculosis with B.C.G. is now being practised, whilst travellers abroad are well acquainted with yellow fever vaccination. The early administration of balanced doses of combined preventive against Diphtheria and Whooping-Cough has much to recommend it.

SECTION IV.

TUBERCULOSIS

New Cases and Mortality during 1954.

<i>Age Periods</i>	<i>New Cases</i>				<i>Deaths</i>			
	<i>Respiratory</i>		<i>Non- Respiratory</i>		<i>Respiratory</i>		<i>Non- Respiratory</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0	.	.	.	.	.	.	.	.
1	.	.	.	.	.	.	.	.
5	.	.	1	1	.	.	.	.
15	.	.	1	.	.	.	.	.
25	3	1	.	1	.	.	.	.
35	1	.	.	1	.	.	.	.
45	.	.	.	.	.	.	.	.
55	2	.	.	.	.	.	.	.
65 & over	.	.	.	1	.	.	.	.
	6	1	2	4	.	.	.	.

P.H. (Prevention of Tuberculosis) Regulations, 1925

Tuberculosis

It has not been necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations 1925 (relating to persons suffering from Pulmonary Tuberculosis employed in the Milk Trade), or under Section 172 of the Public Health Act, 1936 (relating to compulsory removal to Hospital of persons suffering from Tuberculosis).

SECTION V.

MILK

Milk and Dairies Regulations, 1949—Article 20

When any person is suffering from disease caused by the consumption of milk, or if there are reasonable grounds for suspecting that a person is so suffering or indeed if milk is infected with organisms capable of causing disease in man, the Medical Officer of Health of a District is authorised to serve a notice prohibiting the sale of such milk unless it has been treated in such a way as to secure, to his satisfaction that it may, with safety, be sold for human consumption. A dairy farmer on whom such notice is served is entitled to compensation for damage or loss by reason of the notice served. The commonest cause for the infection of milk are the organisms of brucella (contagious abortion in cattle). During the year reports were received from the County Council that 9 samples of milk in this area were infected with these organisms. Another of the causes for the infection of milk are the organisms of Tuberculosis, and during the year, a report was received that one sample of milk in this area was so infected. In all cases the milk was diverted to render it safe prior to sale for human consumption.

FOOD AND DRUGS (Milk, Dairies and Artificial Cream)

ACT 1950. Section 23.

Specification of Areas.

Under this Act, the Minister of Food is empowered to make Orders "specifying areas" within which all milk sold by retail in such a district must conform to the Special Designations Regulations 1949 and 1950. This means that milk of special designations only, that is, Pasteurised, Sterilised or Tuberculin-Tested milk, may be sold by retail for human consumption in such an area and thereby rendering the sale of "raw" milk illegal.

Orders specifying such areas in England and Wales were first made by the Minister in 1953. Early in 1955 the Minister of Food signed a further Order including this Council's area as a "specified area". It provided that on and after the 21st March, 1955, all milk sold by retail within the Council's district must be "specially designated" milk. In this connection it is interesting to note that with the coming into operation of this further Order, including the specification of other areas, 68 per cent. of the population of England and Wales will, as from the 21st March, 1955, be living in areas where only "specially designated" milk may be retailed.

Tuberculosis Order, 1938

Following a report in September, 1954, that a sample of milk from a farm in this Council's area was Tuberculous on investigation by an Officer of the Local Division of the Ministry of Agriculture & Fisheries, one cow was found to be infected and had been slaughtered.

From the preceding paragraphs it will be seen that the safeguarding of milk as an important article of food is undertaken in two ways. The first is the insistence that all milk, as far as possible, sold by retail is safe for human consumption, and the second is the care taken in the well-being of the dairy-stock and the elimination of those members of a herd found to be infected with tuberculosis.

SECTION VI.

NATIONAL ASSISTANCE ACTS 1948 to 1951

The repeal of the old Poor Law was widely welcomed because it had, in the main, outlived its usefulness, and it was replaced by the National Assistance Acts, 1948-1951. In the redistribution of responsibilities imposed by these Acts, some fell to be assumed by the Local Authorities, and those under Section 47 and 50 became the responsibility of the local District Councils.

Section 47

The following case illustrates the exercise of the authority given by the '51 Amendment of this Section for the removal to and detention in Hospital of an aged and infirm person living in insanitary conditions, who was neither able to devote to herself nor receiving from others, proper care and attention.

Mrs. E.L., aged about 80, lived in the rear portion of a wooden structure, 20ft. x 8ft., the front part of which she used as a draper's shop. Until complaints were received from neighbours on 12.8.54 that she was unable to give herself proper care and attention, and that owing to her liability to fall and her inability to get up without assistance she constituted a danger, we were under the impression that she lived in a caravan situated at the rear of the premises.

It transpired on investigation that she had abandoned the use of the caravan as living accommodation for some time. It was also ascertained that about six weeks previously she had been an in-patient at Amersham Hospital, and after about two weeks or so she had been transferred to a private nursing home. After a short period there, she discharged herself on her own responsibility and returned to take up residence at the above premises where she had been for about 14 days prior to 12.8.54. During this period of resumed residence, she caused considerable anxiety to her neighbours and had been visited by her own doctor who had arranged for her re-admission to Amersham General Hospital. During the evening of 11.8.54 her doctor had to be sent for again because it appears she had fallen down and in grabbing the door to assist herself to get up, got her fingers jammed in the door and injured herself. She had to be released by neighbours who heard her shout for help.

Investigation showed that she used an improvised passage within her shop as living quarters: there was no evidence of food present: she slept on a couch, and the Elsan closet had not recently been in use. The passage was dark and there was no evidence of heating. It was obvious she needed not only ordinary care and attention but also medical care and treatment. As she refused to accept voluntarily the offer of a bed at Amersham General Hospital which had been

reserved for her, and her relatives could offer no assistance, it was necessary to set in motion the machinery for removal and compulsory detention in hospital. Consequently her own doctor and I, as Medical Officer of Health, signed the necessary certificate and petitioned a Court of Summary Jurisdiction for an Order authorizing her removal and compulsory detention in Amersham General Hospital for a period of 3 months as from 12.8.54. This was renewed for a further similar period on 15.11.54. As the relatives were still unable to assist, she remained in hospital where she died on 16th May, 1955.

Section 50

Under this Section of the above Acts, the duty is placed upon the Councils of County Boroughs and County Districts to arrange for the burial or cremation of any person who has died or been found dead in their area. This duty is exercisable only when it appears to the Council that no other suitable arrangements have been or are being made.

During the past year, the duty imposed by this Section has been performed in two cases.

SECTION VII.

SLAUGHTER HOUSES

Since 1939 shortage of food has led successive Governments to buy or to control the purchase of many of the principal foodstuffs, whether produced at home or imported from abroad. In addition, marketing distribution and selling prices have been kept under control. On the 15th January, 1940, the Meat and Livestock Control Scheme came into operation. The restrictions imposed by this Control Scheme came to an end on the 2nd July, 1954, and the 1954 Slaughterhouses Act became law on Monday, the 5th July.

In November, 1953, the Government declared its long-term policy in regard to two related matters. It re-affirmed its long-term policy of moderate concentration of Slaughterhouses. In this connection it should be stated that as an emergency measure, for the purpose of the Control Scheme, the Government had already built 5 slaughterhouses which are in operation at Canterbury, Fareham, Grimsby, Guildford and Swindon, and two more were nearing completion at Salisbury, and Wimborne. The Government also announced its intention to fulfil important obligations to farmers under the Agriculture Act, 1947, and these do not exclude the possibility of a producers' MARKETING BOARD for meat, as a long-term policy.

During the 14-year period of control, the Government restricted slaughtering facilities to the authorised abattoirs of the Control Scheme. These abattoirs also served as centres for meat distribution areas. The locally authorised abattoir situated at Chesham served also as a centre for the meat distribution area comprising the districts of the Chesham Urban and the Amersham Rural District Councils. One of the many consequences of this centralisation of abattoirs was the fact that private slaughterhouses fell into disrepair, the premises were put to other uses or became obsolete. At any rate, for one reason or another, it was uncertain how many of those pre-war slaughterhouses were suitable and would be available, or indeed whether the present occupiers proposed to use them for their original purpose, on decontrol. Consequently it was left to the local Authorities to ensure that on the date of decontrol the slaughtering facilities in their areas would be adequate. This was secured satisfactorily locally by Amersham Rural District Council and Chesham Urban District Council jointly coming to an agreement with a group of Amersham and Chesham traders whereby the facilities hitherto available at Chesham Central Abbatoir would continue to be placed at the disposal of the local traders.

SECTION VIII.

HOUSING

The number of properties shown below controlled by the Council at the end of December, 1954, was 2,345, and as compared with December, 1953, when it was 2,293. The range of properties is as follows:—

<i>Housing Accommodation</i>	<i>December</i>	<i>December</i>
	<i>1953</i>	<i>1954</i>
Pre-war Council houses	658	658
Post-war Council houses	1,228	1,333
Prefabricated bungalows	90	90
War-time buildings converted	7	7
Requisitioned and other properties	6	4
Vache Park Estates (camp site)	51	14
Beech Barn Estate „	21	14
Woodlands Park Estate „	28	28
Pipers Wood Estate „	20	14
Hodgemoor Estate „	177	176
Other Properties	7	7
	<hr/> 2,293	<hr/> 2,345

THE HOUSING REPAIRS AND RENTS ACT, 1954

The Housing Repairs and Rents Act became law on the 30th August, 1954. Its main purpose may be conveniently described in two parts. The first relates to the conditions attaching to grants for works of improvement or conversions necessary to extend the habitability of older decaying houses for a further limited period. The second is slum-clearance. With regard to the former, attention is directed to the nation's stock of existing houses, more than four million of which are over 65 years old. As time passes an increasing number of these older houses fall into decay each year. And here it is fair to say that the Act was designed primarily not in the interest of owners or of tenants but in the interest of the houses themselves which represent an important national asset. The second part sets in motion once again the machinery of slum clearance by local authorities. It applies to those areas within their districts where houses have deteriorated to such a degree of decay that they appear to the local Council to be unfit for human habitation and liable to demolition.

To encourage the preservation and retention of decaying houses provisions for Improvement Grants are continued. The grants themselves are not obligatory but permissive and are solely within the discretion of the Council. It may be of interest to recall that in origin they may be traced as far back as the Housing (Rural Workers) Act, 1926-1942. In view of the controversy to which they have given rise, it may be worth noting that in the early days of that Act, some

Rural District Councils were reluctant to implement its provisions, but that the Rural District Councils as a whole asked for its provisions to be renewed when the Act expired in 1948. Instead, however, the 1949 Housing Act went further. Not only did it renew the provisions concerning Improvement Grants, but it extended their use to all authorities.

In many important respects the 1949 Housing Act was amended by the recent 1954 Housing Repairs and Rents Act. The new Act simplifies administrative procedure; it removes altogether the upper limit of estimated cost of works, previously £800; it reduces from 30 to 15 years the period for which a dwelling must, after conversion or improvement, be expected to provide satisfactory accommodation, in order to qualify for grant. And finally it amends the provisions for the fixing of rents so as to enable the Council to settle a figure which represents the value of the dwelling under conditions of the day, and so does justice to both the owner and the tenant.

In conclusion, whilst on the face of it the Act clearly encourages modernization of privately owned structurally sound existing houses, the alternative is clearly implied whereby through continued neglect these decaying houses, unless provided with modern amenities, will rapidly deteriorate into slums and put heavier burdens on public funds.

Under the Rural Workers Act, 1926-1942, the Amersham Rural District Council made the following grants: —

<i>Year</i>	<i>Dwellings</i>	<i>Total Grants</i>
1939-40	5	£250
1940-41	1	£100
1945-46	2	£200
1946-47	3	£300
	—	—
	11	£850
	—	—

Under the 1949 Housing Act, a summary of the applications is as follows: —

<i>Year</i>	<i>Applications</i>	<i>Total Grants</i>
1950	1	£261
1951	1	£269
1952	2	£394
1953	9	£2,466
1954	29	£9,802
	—	—
	42	£13,192
	—	—

The Council's present policy is that applications are considered individually, each is decided on its merits and when the annual cost in loan charges to the Council reaches £300 per annum, the policy will be reconsidered.

SECTION IX.

THE ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1954

Sanitary Circumstances of the Area

The day-to-day inspection of the district by the Sanitary Inspectors has been well maintained. A total of 3,369 routine inspections were made, the details of which are given in another section of this Report.

Meat inspection at the two Bacon Factories has again prevented concentration on any particular section of the work. In fact, in order to maintain one hundred per cent. inspection of all animals killed and to ensure the satisfactory inspection of the district, the Council increased the establishment of Sanitary Inspectors from four to five.

The inspection of houses under the Public Health Acts and the Housing Acts, and the inspection of food premises under the Food & Drugs Act show up prominently in the detailed figures.

On the 2nd July, meat became decontrolled and the Council was charged with the responsibility for ensuring the adequacy of the facilities for the slaughter of animals for human consumption. Arrangements were made to continue the use of the slaughterhouse at Chesham, but in addition, licences have been issued for the use of the two Bacon Factories and for two further slaughterhouses for the slaughter of animals. The evidence so far indicates that these facilities are adequate.

The number of complaints of overflowing cesspools was indicative of the urgent need for further schemes of sewerage to be carried out, particularly in the more densely populated villages.

Owners of cottage property have been encouraged to take advantage of the Improvement Grant provisions contained in the Housing Act, 1949, and amended in the Housing Repairs and Rents Act, 1954. As a result, a considerable number of sub-standard houses have been modernised to the standard prescribed for an improved dwelling.

Water Supply

The Rickmansworth & Uxbridge Valley Water Company is now the statutory undertaking which supplies water to the whole of the Council's district, with the exception of the parish of Cholesbury-cum-St. Leonards, and a portion of the parish of The Lee, which are served by the Bucks Water Board.

Samples of the main water have been taken from various parts of the district and submitted for bacteriological examination and chemical analysis. In every case the report of the Analyst was satisfactory.

The results of the analytical reports are given in the Appendix of this Report.

Details are given below of two extensions of the water mains which were carried out during the year:—

<i>Situation</i>	<i>Parish</i>	<i>Approx. length of Extension in yds.</i>	<i>Size of Pipe</i>
Cherry Tree Lane, Lee Common	The Lee	125	3 in.
Browns Lane, Holmer Green	Little Missenden	220	3 in.

The cost to the Council to carry out these extensions was £310.

Negotiations were continued for the extension at Tankards Dene, Hawridge, and for a further extension at Bowstridge Lane, Chalfont St. Giles.

102 samples of water were submitted for bacteriological examination, as follows:—

<i>Source of Supply</i>					
<i>Rainwater</i>	<i>Bore</i>	<i>Well</i>	<i>Mains</i>	<i>Public Pump</i>	<i>Fishpond</i>
35	47	1	17	1	1

The Reports of the Bacteriologist on 87 of the samples were satisfactory, and the reports on the other 15 samples indicated contamination in varying degrees. Appropriate action was taken in these cases.

Sanitary Inspections of the Area

The following is a summary of Sanitary Inspectors' visits during the year:—

General Sanitation

<i>Nature of Inspection or Visit</i>	<i>No.</i>
Water Supply (including sampling)	170
Drainage	215
Stables and Piggeries	38
Tents, Vans and Sheds	138
Canal Boats	3
Workshops	3
Outworkers	7
Public Conveniences	1
Theatres and Places of Entertainment	1
Licensed Premises	22
Refuse Collection: Refuse Disposal	9
Atmospheric Pollution	1
Shops Acts	11
Miscellaneous	211
Trade Effluent Sampling	3

Informal Notices

Served:	88
Complied with:	51

Statutory Notices

Served:	6
Complied with:	5

Housing

No. of Houses inspected under Public Health Acts	146
Re-visits paid to above Houses	155
No. of Houses inspected under Housing Acts	162
Re-visits paid to above Houses	148
No. of Houses inspected in connection with overcrowding ...	9
No. of Houses inspected for vermin	7
Re-visits paid to above Houses	11
Visits in connection with Rural Housing Survey	14
Miscellaneous	439

Infectious Disease

Inquiries in cases of Infectious Disease	42
Visits re Disinfection	18
Miscellaneous	8

Meat and Food Inspection

Meat Inspection, Visits to Slaughterhouses	694
Shops and Stalls	1
Other Premises	5
Butchers	34
Fishmongers and Poulterers	8
Grocers	44
Greengrocers and Fruiterers	2
Dairies and Milk Distributors	40
Food Preparing Premises	34
Ice Cream Premises	31
Market Stalls	1
Restaurants	11
Bakehouses	8
Visits in connection with Milk Sampling	99
Ice Cream Sampling	68
Miscellaneous	118

Pet Animals Act 1951

No. of Visits or Inspections	5
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Game Act, 1931

No. of Game Licences renewed	11
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Petroleum (Regulations) Acts, 1928 and 1936

No. of Licences renewed	104
No. of Licences issued	6
No. of Visits made	68

Factories Act, 1937

No. of Factories on Register at end of year	...	...	...	135
No. of Visits and Inspections	...	...	...	174
No. of Defects found	...	...	...	11
No. of Defects remedied	...	...	...	10

Rag Flock and Other Filling Materials Act, 1951

No. of Premises registered	3
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Slaughter of Animals Act, 1933

No. of Slaughterman's Licences renewed	6
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Inspection and Supervision of Food

Milk Supply

The Sanitary Inspectors continued to obtain and submit routine samples of milk for bacteriological examination, details of which are given below:—

<i>Tuberculin Tested (Certified)</i>	<i>Pasteurised</i>	<i>Tuberculin Tested (Pasteurised)</i>	<i>Ungraded</i>
20	64	3	23

Of these 95 proved “satisfactory”, but the results of 13 samples were “unsatisfactory”, and two “fairly satisfactory”.

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949.

During the year 38 licences were issued under the above Regulations, 20 to use the designation “Tuberculin-tested”, 13 to use the designation “Pasteurised” and five to use the designation “Sterilized”.

Ice Cream

Sixty-three samples of ice cream and five lollies were submitted for bacteriological examination and were graded as follows:—

<i>Ice Cream</i>				<i>Lollies</i>			
Grade 1	...	...	46	Satisfactory	...	...	3
Grade 2	...	...	13	Fairly Satisfactory	...	...	1
Grade 3	...	...	3	Unsatisfactory	...	...	1
Grade 4	...	...	1				

Meat Inspection at Slaughterhouses

A total of 81,215 pigs were slaughtered at the Prestwood and Amersham Slaughterhouses and also at Messrs. S. Stevens, of High Street, Great Missenden. The following table gives details of the number affected with disease other than Tuberculosis and with Tuberculosis only. The figures show an increase in the number of pigs slaughtered. The total amount of meat and offal condemned at the Slaughterhouses was 36 tons 16 cwts. 3 qrs. 13 lbs.

	<i>Cattle, excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	34	14	5	437	81,215
Number inspected	34	14	5	437	81,215
<u>All diseases except</u>					
<u>Tuberculosis</u>					
Whole carcasses condemned	-	-	-	-	169
Carcasses of which some part or organ was condemned ...	3	2	-	-	2251
Percentage of the number inspected affected with disease other than Tuber- culosis	8·8	14	-	-	2·9
<u>Tuberculosis only</u>					
Whole carcasses condemned	-	-	-	-	35
Carcasses of which some part or organ was condemned	-	-	-	-	2030
Percentage of the number inspected affected with Tuberculosis	-	-	-	-	2·54

Other Foodstuffs

The details of other foodstuffs condemned during the year are as follows:—

Chilled Beef	...	...	...	...	...	97	lbs.
Ox Livers	...	...	...	...	...	50	„
Ox Cheeks	...	...	...	...	...	76	„
Cheese	...	...	...	...	...	80½	„
Processed Cheese	...	...	...	...	...	162	packets
Butter	...	...	...	...	...	1	„
Shortbread	...	...	...	...	...	1	„
Junket Powder	...	...	...	...	...	3	„
Breakfast Cereal	...	...	...	...	...	1	„
Raisins	...	...	...	...	...	58	„
Rennet	...	...	...	...	...	6	„

Peanut Butter	...	...	...	...	...	6	jars
Pickles	...	...	...	...	...	14	"
Sandwich Spread	...	...	...	...	...	2	"
Honey	...	...	...	...	...	2	"
Salad Cream	...	...	...	...	...	288	"

Tinned Goods

Meat	...	...	...	...	...	970	tins
Fish	...	...	...	...	...	599	"
Vegetables	...	...	...	...	...	1,683	"
Milk	...	...	...	...	...	1,132	"
Fruit	...	...	...	...	...	1,984	"
Soup	...	...	...	...	...	75	"
Jam	...	...	...	...	...	190	"
Custard Powder	...	...	...	...	...	2	"
Cream	...	...	...	...	...	84	"
Marmalade	...	...	...	...	...	8	"
Syrup	...	...	...	...	...	2	"
Beans	...	...	...	...	...	5	"
Powder Beverages	...	...	...	...	...	21	"
Coffee	...	...	...	...	...	1	"

Rodent Infestation and Destruction, etc.

The work of destruction, etc., of rats and mice as required by the Prevention of Damage by Pests Act, 1949, continued throughout the year. The work of the Rodent Officer and the two operatives is summarised as follows:—

No. of Premises inspected for rats and mice, etc.	...	...	4,438
No. of Premises treated for rats and mice, etc.	...	...	741
No. of Premises visited for glis-gliss	...	...	8
No. of glis-gliss destroyed	...	...	35
No. of Wasp-nests destroyed	...	...	38

This figure includes the treatment of 124 premises for which charges were made.

Type and total estimated number of premises:

Local Authority	...	...	...	...	...	12
Dwelling Houses	...	...	...	...	...	13,170
Business Premises	...	...	...	...	...	590
Agricultural Property	...	...	...	...	...	265

Class of Infestations:

Major	...	...	...	...	...	142
Minor	...	...	...	...	...	601

Complaints in connection with other rodents, rabbits, squirrels, etc., were passed as received to the County Agricultural Executive Committee at Stoke Mandeville.

Disinfections and Disinfestations

Disinfection of Premises:

For T.B.	Nil
For other diseases	1

Disinfestation of Premises:

For fleas	Nil
For other insects	Nil
Bedding	3

Food and Drugs Act, 1938—Section 14.

During the year, six premises were registered under the above Section, five for the manufacture and/or sale of ice-cream, and one for the preparation of pickled or preserved food, making a total in the register of 127 premises registered, 110 for the manufacture, sale or storage of ice-cream, 14 for the preparation and manufacture of sausages and preserved foods, and three for fish frying.

Housing

Housing defects were again mainly dealt with under the provisions of the Public Health Act, 1936.

One cottage was represented under Section 11 of the Housing Act, 1936, as being unfit for human habitation and not capable of being rendered so fit at a reasonable cost, and a Demolition Order was made. Two cottages which were the subject of undertakings under Sub-Section 3 of Section 11 of the Housing Act, 1936, were completely reconditioned and the undertakings were cancelled. One cottage was completely reconditioned and made fit for human habitation as the result of informal action. One cottage was demolished as a result of formal action under the Housing Act, 1936.

Applications were received under the Housing Repair & Rents Act, 1954, for a Certificate of Disrepair in respect of four cottages, and a certificate was granted in each case.

A large number of enquiries were received regarding the Improvement Grant provisions of Section 20 of the Housing Act, 1949, as amended by the Housing Repairs & Rents Act, 1954, and the Inspectors have been very active in giving advice and assistance to property owners. During the year the Council gave approval to 29 applications, involving a total approved cost of £16,581 7s. 6d., for the improvement of 34 cottages. The amount of the grant in all cases has been 50% of the approved cost, up to a maximum of £400. Twenty of the applications were from owner/occupiers.

Families continued to be housed on the camp sites at the Vache, Chalfont St. Giles; Hodgemoor, Coleshill; Beech Barn, Chesham Bois; Pipers Wood, Amersham; and Woodlands Park, Gt. Missenden. The

Council was requested to give priority to the re-housing of the families from the Vache Camp, and by the end of the year very few families were still in occupation of the huts in this camp. In connection with the remainder of the camps, the Council continued its policy of rendering all huts uninhabitable as and when the occupants were re-housed. The officers of the Public Health Department have taken every opportunity of expressing their concern regarding the unsatisfactory housing accommodation which the huts on these camps provide.

The following is a summary of defects remedied by Formal and Informal action: —

Cesspool accommodation repaired or provided	...	...	3
Drains repaired, altered or renewed	...	...	16
New W.C. Pans provided	...	...	2
Dampness abated:			
1. Repairs to roof	...	...	5
2. Repairs to rainwater pipes	...	...	3
3. Repairs to rainwater guttering	...	...	10
4. Repairs to external walls	...	...	5
Repairs to wall and ceiling plaster	...	...	6
Repairs to roofs, walls and chimneys	...	...	4
Repairs to floors	...	...	6
Repairs to cooking ranges and grates	...	...	2
Repairs to doors and windows	...	...	3

Moveable Dwellings

The Council approved an additional 24 applications for licences to erect, station and use moveable dwellings and the total number of licences current on 31st December, 1954, was 103.

The licensed sites at Chartridge and St. Leonards have been satisfactorily maintained.

Verminous Premises

A number of different types of premises were disinfested during the year, and in most cases a five per cent. solution of D.D.T. was used. Smoke generators were also used with considerable success. The above were used against fleas, bed bugs, etc.

SECTION X.

FACTORIES ACT, 1937

PART I of the ACT

1. Inspections for purposes as to health (including inspections made by Sanitary Inspectors).

Premises	M/c line No.	Number on Register	Inspections	Number of Written notices	Occupiers prosecuted	M/c line No.
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	8	7	1	—	1
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	2	127	167	10	—	2
(iii) Other Premises in which Section 7 is enforced by the Authority + (excluding out-workers' premises)	3	—	—	—	—	3
TOTAL		135	174	11	—	

2. Cases in which Defects were Found.

Particulars	M/c line No.	Number of cases in which defects were found	Number of cases in which prosecutions were instituted	M/c line No.
		Found	Remedied	
			To H.M. Inspector	
			Referred By H.M. Inspector	
Want of cleanliness (S.1)	4	1	1	4
Overcrowding (S.2)	5	—	—	5
Unreasonable temperature (S.3)	6	—	—	6
Inadequate ventilation (S.4)	7	—	—	7
Ineffective drainage of floors (S.6)	8	—	—	8
Sanitary Conveniences (S.7)	9	2	2	9
(a) insufficient	10	8	7	10
(b) Unsuitable or defective	11	—	—	11
(c) Not separate for sexes	12	—	—	12
Other offences against the Act (not including offences relating to Outwork)	60	11	10	60
TOTAL		11	10	

FACTORIES ACT, 1937

PART VIII OF THE ACT

OUTWORKERS (Sections 110 and 111)

The number of outworkers notified in accordance with Section 110 (i) (c) was 62. They were engaged in Brush making (24), Wearing Apparel (35), Christmas Crackers (1) and Brass Articles (tambours) (2).

SECTION XI.

MISCELLANEOUS

Staff Examinations (Superannuation, etc.)

Number examined	17
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Rehousing on Medical Grounds

Number of cases investigated	185
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National Assistance Acts, 1948 and 1951

Section 50—Number of Burials arranged	2
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Section 47—Number of cases investigated as in need of care and attention	4
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Number of cases removed to hospital or other institutions by Court Order	1
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APPENDIX I

Borough of Southwark,
Public Analyst's Department,
Health Services Department,
Walworth Road, S.E.17.

M.41

ANALYSIS OF A SAMPLE OF WATER received from the AMERSHAM RURAL DISTRICT COUNCIL.

Sample of Water from rising service main. Water supplied by
Bucks Water Board.

Appearance	...	...	...	...	Clear and colourless
Reaction (pH)	...	...	...	...	8.5
					Parts per Million
Free Chlorine	...	...	...	...	Nil
Total Solids	...	...	...	...	149
Chlorine in Chlorides	...	...	...	...	14.0
Ammoniacal Nitrogen	...	...	...	...	Nil
Albuminoid Nitrogen	...	...	...	...	0.0033
Nitrate Nitrogen	...	...	...	...	2.5
Nitrite Nitrogen	...	...	...	...	Nil
Oxygen absorbed from permanganate (3 hrs. @ 98° F.)	...	...	...	...	0.31
Hardness, Temporary	...	...	...	...	60
Hardness, Permanent	...	...	...	...	30
Hardness (Total)	...	...	...	...	90
Metals (Lead, Copper, Zinc)	...	...	...	...	Not found

Bacteriological Examination

Colonies on agar in 48 hours @ 37° C.	...	2 per ml.
Colonies on agar in 72 hours @ 20° C.	...	0 per ml.
Coliform bacilli	...	Not found in 100 ml.

From these results I am of opinion that this water is of high
chemical and bacteriological purity and suitable for drinking and
domestic use.

(Signed) D. H. BUTTON,
Public Analyst.

APPENDIX II

Borough of Southwark,
Public Analyst's Department,
Health Services Department,
Walworth Road, S.E.17.

M.33

ANALYSIS OF A SAMPLE OF WATER received from the AMERSHAM RURAL DISTRICT COUNCIL.

Sample of Water from rising service main. Water supplied by
Gt. Berkhamsted Water Co.

Appearance	...	...	...	...	Clear and colourless
Reaction (pH)	...	...	...	...	7.2
					Parts per Million
Free Chlorine	...	...	...	...	Nil
Total Solids	...	...	...	...	386
Chlorine in Chlorides	...	...	...	...	16.0
Ammoniacal Nitrogen	...	...	...	...	Nil
Albuminoid Nitrogen	...	...	...	...	0.002
Nitrate Nitrogen	...	...	...	...	3.5
Nitrite Nitrogen	...	...	...	...	Nil
Oxygen absorbed from permanganate (3 hrs. @ 98° F.)	...	...	...	...	0.06
Hardness, Temporary	...	...	...	...	170
Hardness, Permanent	...	...	...	...	25
Hardness (Total)	...	...	...	...	195
Metals (Lead, Copper, Zinc)	...	...	...	...	Not found

Bacteriological Examination

Colonies on agar in 48 hours @ 37° C.	...	2 per ml.
Colonies on agar in 72 hours @ 20° C.	...	9 per ml.
Coliform bacilli	...	Not found in 100 ml.

From these results I am of opinion that this water is of high
chemical and bacteriological purity and suitable for drinking and
domestic use.

(Signed) D. H. BUTTON,
Public Analyst.

SCHEDULE TO APPENDIX
SAMPLES OF WATER COLLECTED DURING THE YEAR

(1) Name of Water Supply	(2) Water Undertaker	(3) Bacteriological Samples		(4) Chemical Samples		(5) Remarks
		Date	Result	Date	Result	
Rickmansworth & Uxbridge Valley Water Co.	Rickmansworth & Uxbridge Valley Water Co.	29/4/54	Satisfactory	30/9/54	Satisfactory	
		30/9/54	"	30/9/54	"	
		30/9/54	"	30/9/54	"	
		30/9/54	"	30/9/54	"	
		30/9/54	"	30/9/54	"	
		30/9/54	"	30/9/54	"	
		14/10/54	"			
		14/10/54	"			
		14/10/54	"			
		11/11/54	"			
		18/11/54	"			
		18/11/54	"			
		1/12/54	"			
		1/12/54	"			
		8/12/54	"			
Bucks Water Board	Bucks Water Board	21/12/54	"			
		14/10/54	"			
Total Samples Collected: 22						

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